

# Advanced Development of Chem-Bio Medical Countermeasures for the DoD

Presented To

## Armed Forces Epidemiology Board

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# Agenda

- **Organization**
  - ChemBio Defense Program
  - Chemical Biological Medical Systems (CBMS)
- **Challenges in DoD Medical CBD Acquisition**
- **Joint Vaccine Acquisition Program (JVAP)**
- **Medical Identification and Treatment Systems (MITS)**
- **Conclusion**

## Requirements

**Joint Requirements  
Office  
J-8**

## Science & Technology

**Defense Threat  
Reduction Agency -  
Chem/Bio Def Directorate**



## OSD Oversight

**ATSD (NCB)**

**DATSD (CBD)**

**P.L. 103-160**

# Countering the Threat: System of Systems Approach

## Sustained Combat Power

### CB Threats & Hazards

Agent Delivery

Doses on Target

Downwind Dispersal

Doses Absorbed

Symptoms



Medical Pretreatment



Individual & Collective Protection



Medical Treatment



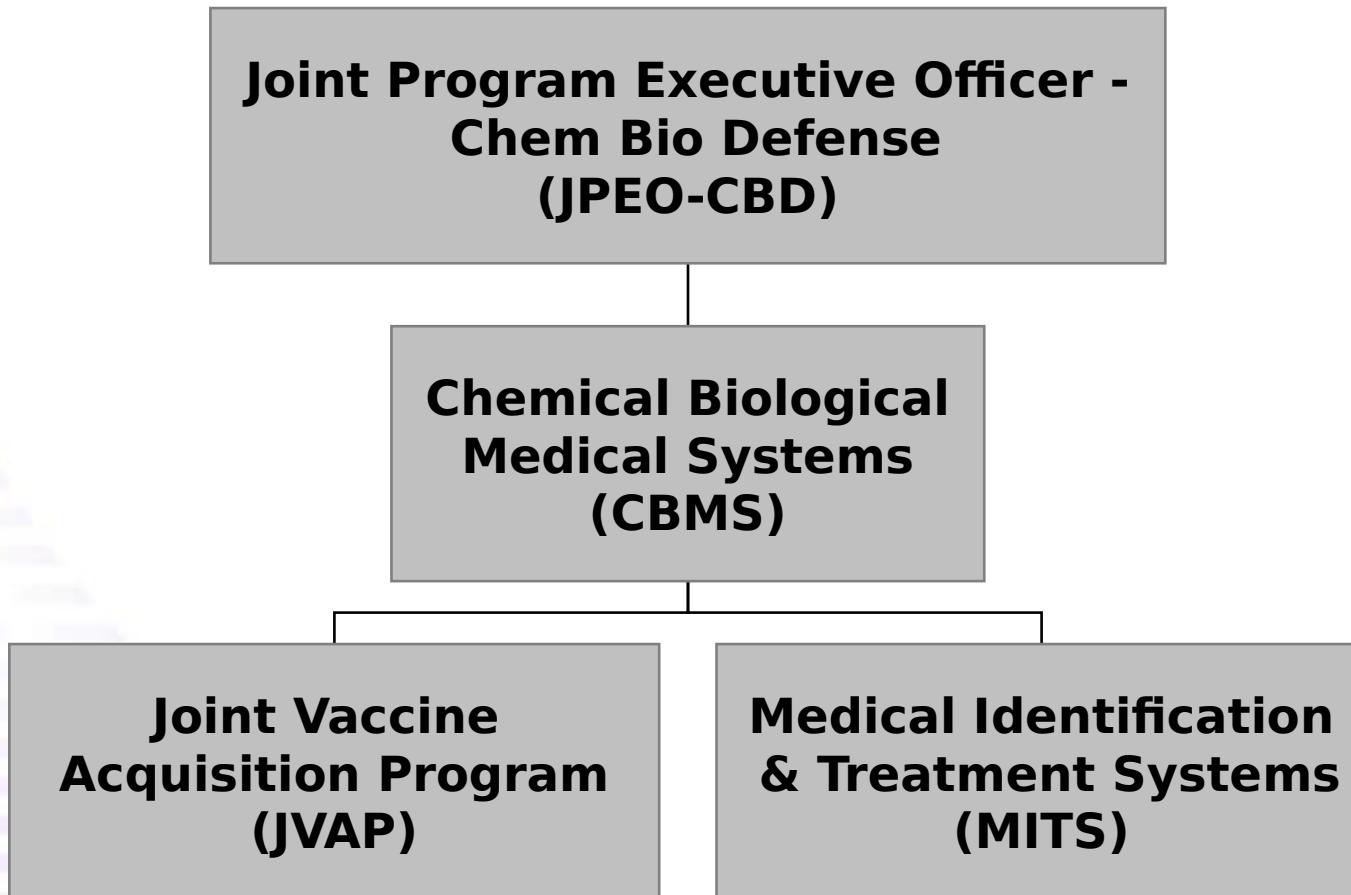
Contamination Avoidance  
& NBC Battle Management  
(Detection, Identification,  
Reconnaissance & Warning)



Installation Force Protection



Decontamination,  
Restoration



# CBMS Mission

**Develop, procure, field, and sustain premier medical protection and treatment capabilities against chemical and biological warfare agents.**

- **FDA laws apply to all including DoD**



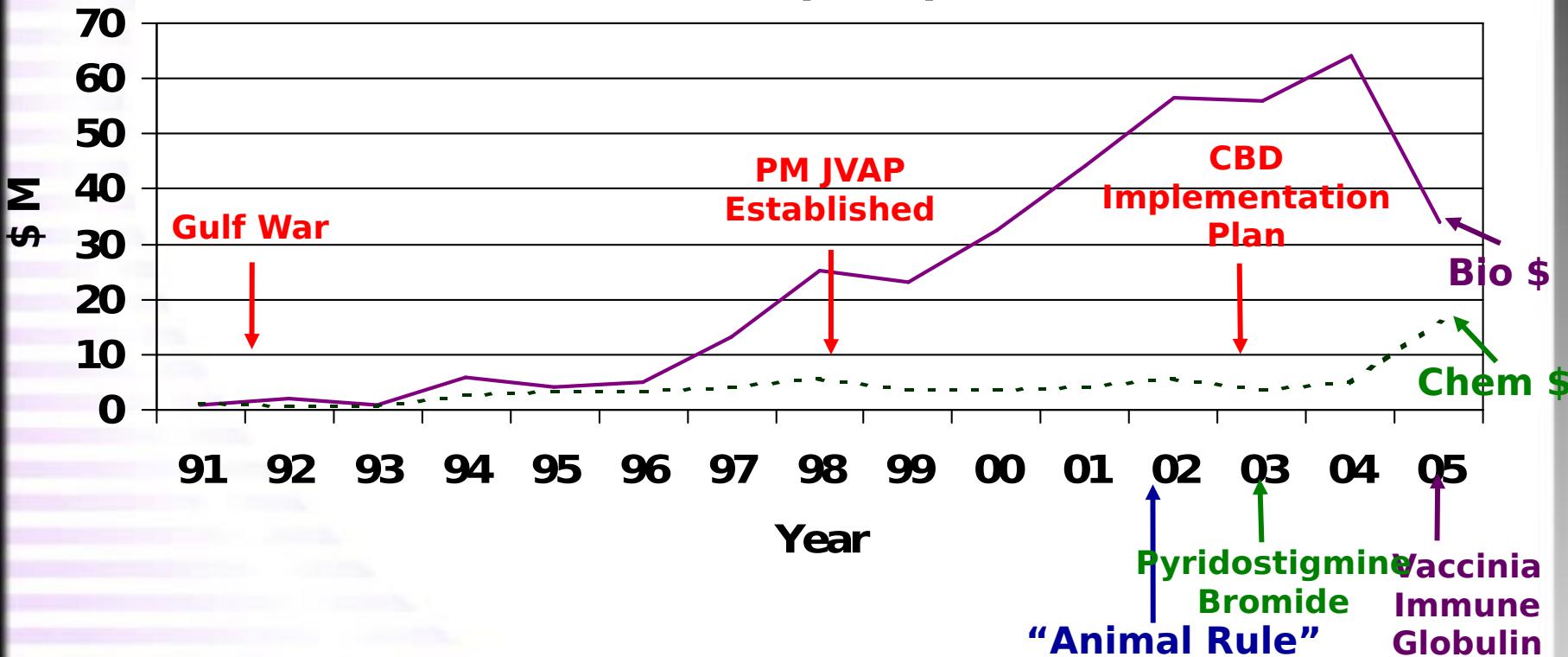
- **Meet prioritized warfighter needs within available resources**
- **Prove efficacy of Chem/Bio Defense medical products**

**Aggressively develop, produce, and stockpile FDA licensed vaccine systems to protect the Warfighter from biological agents.**



# Medical Countermeasures Responding to Warfighter Needs

## Advanced Development Medical Chem-Bio Defense (CBD) RDT&E



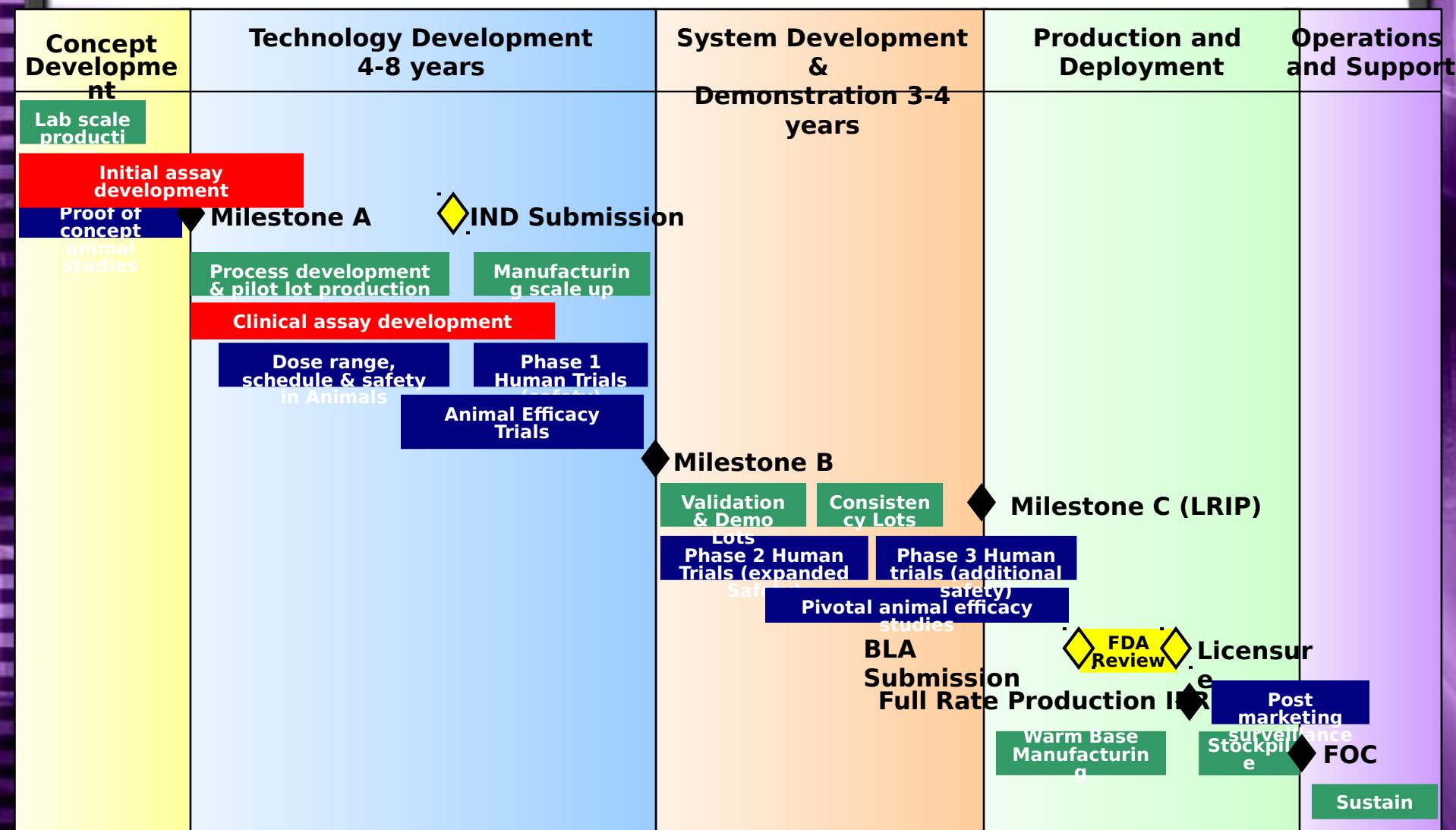
- Industry clinical trial development phase averages 6+ years
- Vaccine Prime Systems Contract (PSC) is 6 years old

# Medical Acquisition Strategy

- **Addresses user requirements based on Chairman of the Joint Chiefs of Staff priorities**
- **Develops FDA licensed chemical and biological defense (CBD) medical products**
- **Leverages international partnerships, other government agencies, and industry**
- **Manages product line within available resources**
  - **Funds product development efforts to minimize schedules**
  - **Expands or contracts product line based on available funding**

- **FDA process drives cost, schedule and performance**
- **DoD 5000 is tailorable; adjustments can and are made to accommodate the FDA process**
- **Medical corollaries exist for DoD 5000 TRLs**
- **Evolutionary Acquisition is used when possible within the FDA process**
- **Technology Insertion discouraged by FDA process**
- **Requirements must define product performance parameters early (MS A)**

# Integration of FDA Regulatory Process and DoD Acquisition Model for Vaccines



# Industry Standard

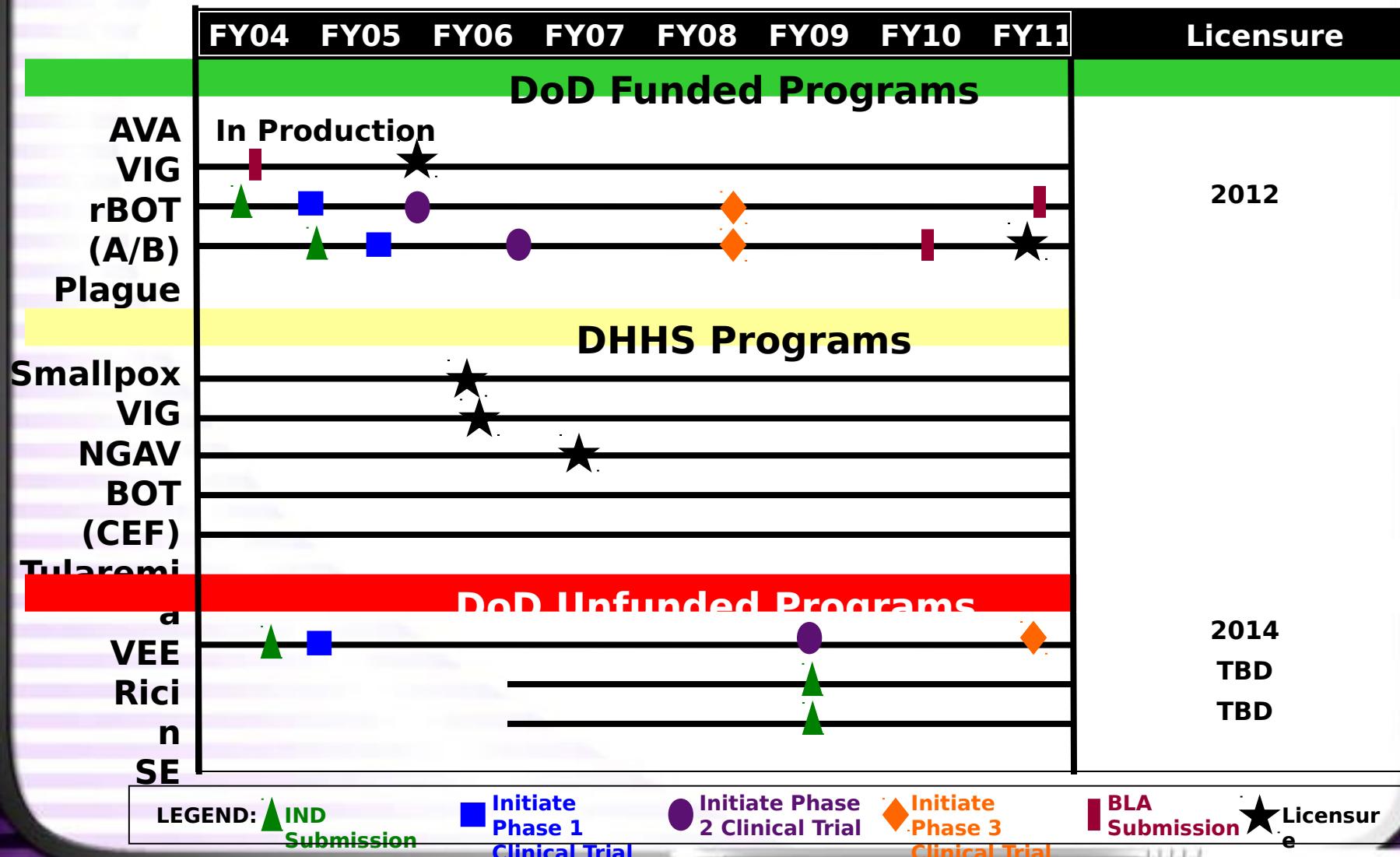
- **Industry trend:**
  - Clinical trial development times are increasing
  - 4 yrs in early 1990's to 6+ years in early 2000's
- **CBMS projected clinical trial development times are:**
  - Botulism vaccine = 6 yrs (FDA Licensure: FY12)
  - Plague vaccine = 5 yrs (FDA Licensure: FY11)
  - Advanced Anticonvulsant System = 7 yrs (FDA Approval FY11)
- **CBMS schedules are in line with industry standard**
- **CBMS continues to explore ways to shorten schedules**

# Interagency Challenges

- **Emphasis:**
  - DoD = prevention; DHHS = treatment
- **Impact of BioShield funding to be determined**
- **Leveraging DHHS efforts that are:**
  - focused on FDA *licensure*
  - meet *warfighter requirements*
- **DoD-DHHS: No significant gaps; some overlap; some complementary programs**

# Meeting Warfighter Needs

<b>Vaccine</b>	<b>DoD</b>	<b>DHHS</b>	<b>Remarks</b>
<b>Anthrax</b>	X	X	<b>AVA; DHHS developing follow-on</b>
<b>Botulinum Toxin</b>	X	X	<b>DHHS leveraging DoD program</b>
<b>Smallpox</b>	X	X	<b>DoD: VIG; DHHS: Vaccine &amp; VIG</b>
<b>Plague</b>	X	X	<b>DoD is lead program</b>
<b>Ricin Toxin</b>	X		<b>Adv Dev ca. FY06</b>
<b>Encephalitis Virus</b>	X	X	<b>DoD: VEE; DHHS far from adv dev</b>
<b>Tularemia</b>	X	X	<b>DoD hand off to DHHS for FY04</b>
<b>Staph Enterotoxin</b>	X		<b>Adv Dev ca. FY06</b>
<b>Brucella</b>	X		<b>Adv Dev ca. FY07-08</b>
<b>Ebola / Marburg</b>	X	X	<b>Adv Dev ca. FY10</b>



**Develop and acquire safe, effective, and FDA-approved products for prophylaxis, treatment, and diagnosis of chemical and biological warfare agent exposure.**



## FDA Approved

- **M291 Skin Decontaminating Kit**
- **RSDL - Reactive Skin Decontamination Lotion**
- **CANA - Convulsant Antidote Nerve Agent**
- **MANAA - Medical Aerosolized Nerve Agent Antidote**
- **Sodium Thiosulfate for Cyanide Poisoning**
- **SERPACWA - Skin Exposure Reduction Paste Against Chemical Warfare Agents**
- **ATNAA - Antidote Treatment, Nerve Agent Autoinjector**
- **SNAPP - Soman Nerve Agent Pretreatment Pyridostigmine**

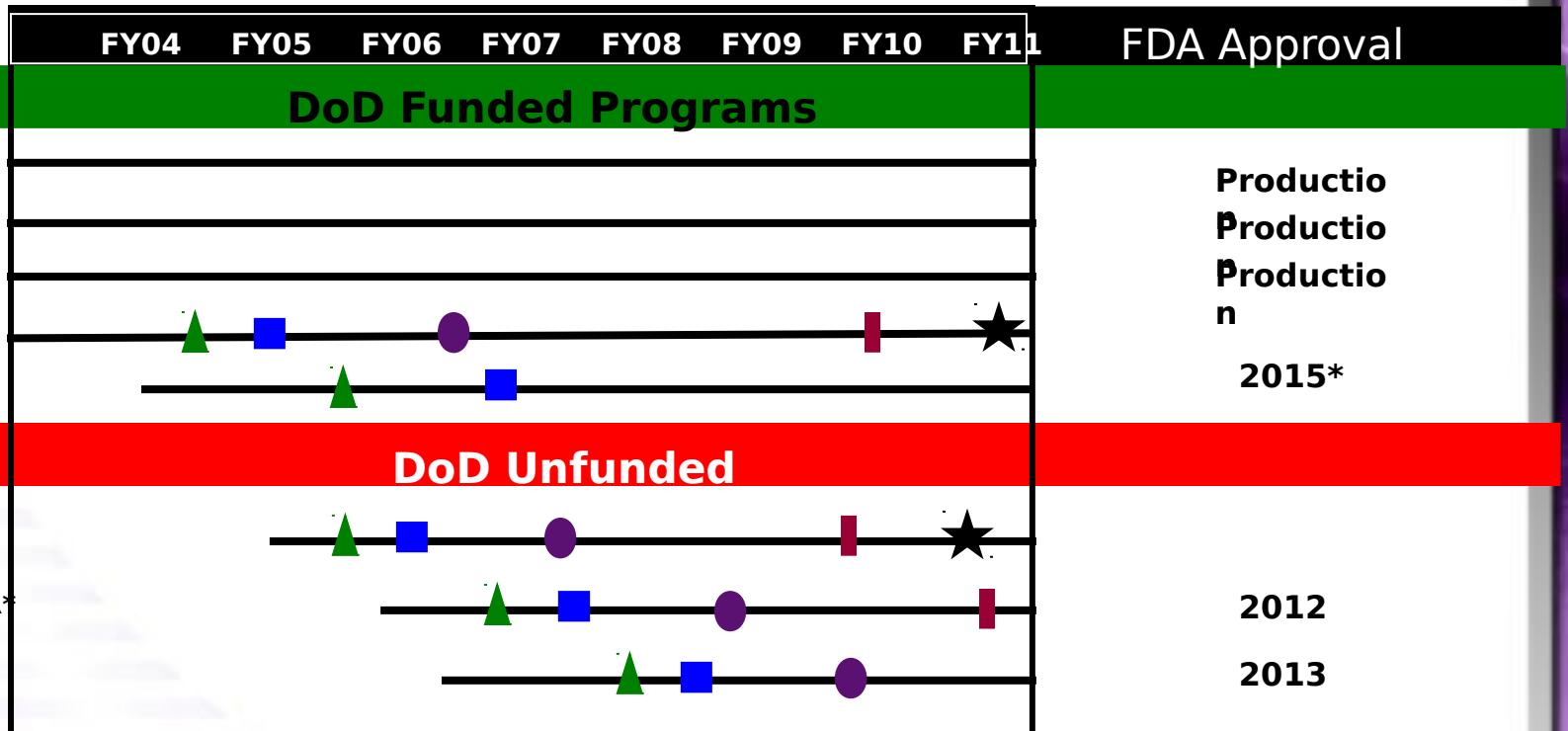
## Upcoming Products

- **AAS - Advanced Anticonvulsant System** : replaces **CANA (diazepam)** with **midazolam** - more effective for seizures  
**(MS B - FY04)**
- **Next Generation Oxime: The Improved Nerve Agent Treatment System (INATS)** using a new oxime will replace **2 PAM** - more effective against **Non-Traditional Agents (NTAs)**  
**(MS A - FY04; MS B - FY06)**
- **BioScavenger - Recombinant Butyrylcholinesterase**  
**(MS A - FY07)**

- **Joint Biological Agent Identification and Diagnostic System (JBAIDS)**
  - **Portable platform for BWA detection and diagnosis (FDA)**
- **Critical Reagents Program (CRP)**
  - **Provides quality antigen-antibody and PCR reagents to support different BWA detector platforms**

- **PCR medical diagnostic system:**
  - **Spiral Development: Detection to diagnostics**
  - **Environmental to clinical**
- **Government furnished agent targets and protocols**
- **ID in  $\leq$  60 minutes**
- **Portable and reusable**
- **Block upgrades:**
  - **Increase diagnostic capabilities**
  - **Reduce size and logistics tail**
  - **Tie into electronic medical reporting systems**





LEGEND: ▲ IND Submission   ■ Initiate Phase 1 Clinical Trial   ● Initiate Phase 2 Clinical Trial   ■ NDA Submission   ★ FDA Approval

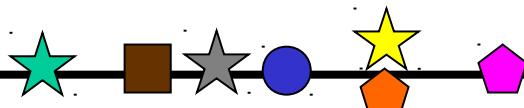
\* UFR submitted that will accelerate FDA approval by four years

\*\* Recombinant BioScavenger

FY04 FY05 FY06 FY07 FY08 FY09 FY10 FY11 FY12 FY13 FY14

### DoD Funded Programs

JBAIDS  
BLOCK I



FY04 FY05 FY06 FY07 FY08 FY09 FY10 FY11 FY12 FY13 FY14

### DoD Unfunded

JBAIDS  
BLOCK II



#### LEGEND:

- ★ Milestone B
- Developmental Test
- Operational Test
- ◆ Initial Operational Capability
- ★ Full Rate Production Decision
- ◆ Full Operational Capability
- ◆ System Development & Demonstration
- ☆ Milestone C

**FY99**

- **Vaccinia Immune Globulin (VIG) Investigational New Drug (IND) application submitted to FDA**

**FY00**

- **Skin Exposure Reduction Paste Against Chemical Warfare Agents (SERPACWA) approved by FDA (U.S. Army Medical Research & Materiel Command product [USAMRMC])**

**FY02**

- Smallpox vaccine IND submitted
- Bioport produces first Anthrax Vaccine Adsorbed (AVA) lot under new FDA license
- Smallpox Project Arrangement signed with Canada under CBR-MOU
- Antidote Treatment Nerve Agent Auto-injector (ATNAA) approved by FDA (USAMRMC product)



## FY03 (continued)

- **Next Generation Anthrax Vaccine (NGAV) IND submitted**
- **Pyridostigmine bromide tablets approved by FDA - first product approved in U.S. under FDA “animal rule” (USAMRMC & CBMS)**
- **Joint Service Personnel/Skin Decontamination System (JSPDS) approved by FDA (=RSDL)**
- **Joint Biological Agent Identification and Diagnostic System (JBAIDS): COTS fly off accelerates evolutionary program**



## FY04

- **New contract signed with Bioport for AVA**
- **Interagency agreement with DHHS and DHS on AVA**

## FY04

- **Submission of VEE vaccine IND**
- **Submission of Recombinant Botulism (AB) vaccine IND**

## FY05

- **FDA licensure of VIG**
- **Submission of Plague vaccine IND**
- **JBAIDS Initial Operational Capability**

# Take Aways

- CBMS program addressing DoD priority requirements
  - Focused on FDA licensure
  - Working within available resources
  - Leveraging Other Government Agencies and International partners
- CBMS acquisition strategy is in line with industry schedule standards for achieving medical product licensure
- DoD 5000 and FDA processes are integrated to achieve success

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